## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

<del>-62-033761</del>

DEPA	RT	MEN	TO	PU	BLIC	HEALTH AND W	TELFARE 042			1000	)	10	96	STATE FILE	NUMBER
DO NOT WRITE ON THIS STUB		AM	ENDET	•	R	egistration District No.	D 061 11	962 Re	gistration Dis	trict No.	Registrar's I	No			
					1	PLACE OF DEATH					11			ed. If instituti	on: Residence before
VS 300	16	3		ı		a. COUNTY B	uchanan				a. STATE M	ssouri	b. COUNTY	Buc hanar	admission)
Rev. 4/59	2	<u> </u>				b. CITY (If outside o	orporate limits, give TC	OWNSHIP or	ly) Le	ngth of stay in 1b	c. CITY OR TOWN				Inside Limits
		AMENDED		İ		town St.	Joseph				TOWN	St.	loseph		Yes 🖅 No 🗀
5117					I —	c. FULL NAME OF (I	f NOT in hospital, give	location)		Inside Limits	d. STREET		(If cutside,	give location)	Reside on Farm
25117,		N N		,	l_	HOSPITAL OR INSTITUTION	3242 South 6	oth St.	<u> </u>	Yes 🗽 No 🗆	ADDRESS	324 <del>2</del>	South 6t	h St.	Yes No 🙀
3	1		11	7	_3	. NAME OF DECEASE	D First		Mid	die	Last	4. D	ATE Mo	nth D	ny Year
	1	- 1				(Type or print)	CHRIS		WII	SON	BRYANT		of ATH Septer	mber 24	. 1962
4 0		1		ł		. SEX	6. COLOR OR RAC	E 7, /	Aarried [	Never Married [		TH 9. A	GE (last birthday)	IF UNDER 1	
5 25						Male	White	w	idowed 🔲	Divorced 🌋	5-15-188	7   7	75	ll	ys Hours Min.
	اہ			ĺ			N (Give kind of work d			INESS OR INDUSTR	l .		state or country)	12. CITIZEN	OF WHAT COUNTRY
6	<u> </u>		1		_1	let. Railros	ing life, even if retired id Emply	" Re	ilroad		New Mar	rket.	Mo.	USA	
7 0	2		1 1		13	a. FATHER'S NAME			13b. MOTH	IER'S MAIDEN NAM	NE .		14. NAME OF	HUSBAND OR V	VIFE
	₹				5	Simeon H. Br	yant		Zare	lda K. Br	yant		Lorett	ta	
8 2 3	ادِ						ER IN U.S. ARMED FOR		<del>*</del>		17. INFORMANT			Address	
- / l	<u> </u>		11		(Y	Yes or unknown)	If W.W.#ar_or date	s of service;			Sally B	ryant	1120 M	ain St.	City
	7			5	1 7	18. CAUSE OF DEAT	H (Enter only one cause I. DEATH WAS CAUSE	e per line fo	(a), (b), and	, (c).	. 0				INTERVAL BETWEEN ONSET AND DEATH
10	إٍ	.		New Year		FAKI	IMMEDIATE CAU		ر المار	tto . I a	تته و ۱۸ (۱	O-A	Ohha	a H.	A CHOCK AND BEATH
11	יו ר		1 1	DOCUMENT			MINIEDIATE CAS	3 (a) -14	<u> </u>		ox -veren				
	ή   <del>ξ</del>	3		ΙŘ		Condit	ions, if any, ) DUE	то (b) <b>У</b>	atre a	~ 0 Oa.	11011-	l	a estis	ato S	
1290-5	ء او ا		11			which	gave rise to	··· <del>/ (</del>	1111111		A I				
13 / - 0	<u> </u>	<u> </u>	$\sqcup$	_		stating	the under-	TO (c). 1	. <del>. 11</del>	. (0` <del>.∄,</del> ,	H 0 = 0+	OL D	obrath	- A A	
7-0	z			ſ	<b>.</b> .			7	die conte	OF THE PRINCIPLE	TH but not colored	**	PART PART	III. If deceas	ed was female was
	기	İ			ICATION	. ·	II. OTHER SIGNIFICAL disease condition g	iven in PARI	I (a)	neoning to beg	IN OUI NOT TELENEG	10 life is	PARI		egnancy in last 90 days.
1	<b></b> []		11		[ ₹									☐ Yes	□ No □ Unknown
إ	AMENDMEN		İΙ		CERTIF	19. WAS AUTOPSY			MICIDE	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter	nature of injury in	PART I or PAI	RT II of item 18.)
[2	\$		ΙI		8	PERFORMED? YES ☐ NO TO									
<b>-</b>	Į ļ	-			ξ	20c. TIME OF Hos	or Month, Day, Year	r							
ַ סֿ וֹ	₹				Ē	INJURY a.m									
BLACK INK OR RITER RIBBON						20d. INJURY OCCUR	RED 20e. P	LACE OF IN.	IURY (e.g., ir	or about home,	20f. CITY, TOWN,	OR LOCAT	TION	COUNTY	STATE
_ <b>~</b>					Σ	WHILE AT WOR	K∏ I ta	rm, factory,	street, office	bldg., etc.)					
ER AC	6	⊋			13	<u> </u>				<del> </del>			ber		
USE BLAC OR IYPEWRITER		אנא האם		-	3	21. I attended the d	leceased from		13.3	0 9.	. A		w her alive on		
¥	2	3	11	ľ	.00	Death of Ured	°' <del>- /-//</del>	· · · · · · ·	Not	- a/2 " " " 1 / 1	date stated above	e, and to t	he best of my kno	wiedge, from t	he causes stated.
USE		OJOOLS		Ö	3	22 SIGNATE	CV10V6 1/2	(P) 257	THE STATE OF	MICHEL	22b. ADDRESS	-	0 ()	λΛ	22c DATE SIGNED
-	ļī	5		l -	2	74.00Km	FYVTLLIGE	TIKA I	01	geev	74	V 02	bh.	/Y(0	14-26-62
•	┝		+	≩	23	a. BURIAL, CREMATIO	N, 23b. DATE	2	3c. NAME OF	CEMETERY OR CR	EMATORY	23d. LO	CALON (City) tov	vn, or county)	(State)
1	19	∮		AFFIDAVIT		REMOVAL (Specify) Burial	Sept. 28.	. 62 ા	.S.Nb	ional Cem	etery	Ft.	Leavenw	orth. Ka	nsas
j		٤		Ą	24	, FUNERAL DIRECTOR		ADDRESS	<del>·</del>	25. DA	TE RECD. BY LOCAL		6. REGISTRAR'S S	GNATURE	0 00
j		E		₽	H	. O. Sidenf	aden & Son	St. J	oseph,	Mo. Say	1.27 1962	_	Mrs. Clar	a Stand	lell
		•	, ,	1	• -										

	m timal prife	harroun by	1965	₹100		ಜನಗಾಗೆಯ .	
x		St. Jeru			•-	. Fragic 00 221½ South	эг . И
1662	ch 6th St. Sante ihar <i>2a,</i>		Payra	7)2114		1950 1950	an the
		52 4551	-7 <u>1-</u> 7 х		•	ed <b>i</b> di.	181s
	47.3	alentest, No.	t-gi.	road	PHIL	reed barrly	195. Refl
	63fpmn	•	Austin E	Serelda K.		वीतसम्बद्ध	्री सन्दर्भ हेरी
ity	120 Eln St. C	r Treer 1	3r11;	91-10-5776	?A	I	nell.

## STATEMENT BY LICENSED EMBALMER

or by _			, Student Embalmer No
vorking	under my personal supervision.	Æ	O1 1/2"
Student	Signature of Student Embalmer	Signed/	open of faple
	Signature of Stocetil Elibatine		'Licensed'Embalmer No3308
		e Caill	P.O. Address St. Joseph, Mo.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

with the above constitutes grounds for revocation of license).

E. C. II. onfeden form bt. Per why No.